F-290

Errico;

PTO/SB/01 (03-01)
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**DECLARATION FOR UTILITY OR** 

**DESIGN** 

Att rney D ck t Numb r

First Nam d Inv ntor

PATENT APPL	co	COMPLETE IF KNOWN						
(37 CFR 1.63)		Application Num	ber					
X Declaration	vith Initial Filing (surcharge	Filing Date		9/16/2003				
		Group Art Unit						
Filing	(37 CFR 1.16 (e)) required)	Examiner Name						
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Intervertebral Spacer Device Having Simultaneously Engageable Angled Perimeters for Manipulation Using a Surgical Tool								
	(Title of the	Invention)		_4				
the specification of which								
X is attached hereto								
OR								
was filed on (MM/DD/YYYY)		as United Sta	ates Application N	Number or PCT Inter	mational			
	L							
Application Number	and was am	nended on (MM/DD/YY)	M)	(i	f applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached?			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

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## **DECLARATION** — Utility or D sign Patent Application

			_				
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Name							
Address							
City				State	)		ZIP
Country		Telep	hone				Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST I	NVENTOR:		A petition h	as be	en filed for th	nis uns	signed inventor
Given Name (first and middle [if any])  Joseph P. Family Name or Surname			•		Errico;		
Inventor's Signature						9/16/03	
Residence: City Green	Brook,		State NJ		Country	US	US Citizenship
29 Deer Path Circle Mailing Address							
<b>City</b> Green	Brook,		State NJ		ZIP 088	12	Country US
NAME OF SECOND INVENT	OR:		A petition has	s bee	n filed for this	s unsi	gned inventor
Given Name (first and middle [if any])	Michae	1 W.			ly Name Irname		Dudasik;
Inventor's Signature Date 9/16/03			Date 9/16/03				
No Residence: City	ıtley,	5	NJ State	(	Country	S	US Citizenship
Mailing Address 29 Daily Street							
City Nutley,			State NJ	];	<b>ZIP</b> 07110	0	US Country
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box	$\longrightarrow$	+
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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1\_ of 1\_

		_				
Name of Additional Joint Inventor, if any:				is unsigned inventor		
Given Name (first and middle [if any])			Family Nar	ne or Su	ırname	
Rafail				Zubo	k ,	
Inventor's Signature					Date 9/6/03	
Residence: City Midland Park,	State NJ		Country		itizenship US	
Mailing Address		222 Sp	oruce Street			
Mailing Address						
City Midland Park,	State N	ı	ZIP 07432	Country	US	
Name of Additional Joint Inventor, if an	ıy:		A petition has been file	d for this	s unsigned inventor	
Given Name (first and middle [if any]	)	Family Name or Surname				
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Cour	ntry	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Sumame				
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Co	untry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number				
Filing Date	9/16/2003			
First Named Inventor	Errico;			
Title Intervertebral Spacer Device Having Siz	ultaneously Engagoable Angled Perimeters for Manipulation Using a Surgical Tool			
Group Art Unit				
Examiner Name				
Attorney Docket Number	F-290			

I hereby appoint:					
Practitioners at Customer Number     OR     Practitioner(s) named below:	Place Customer Number Bar Code Label here				
Name	Registration Number				
Hame	registration variable				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identi	fied application to:				
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	State Zip				
Country Telephone	Fax				
I am the:	<u> </u>				
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Joseph P. Errico, CEO, SpineCore, Inc.					
Signature M					
Date 9/16/2003					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature is required, see below*.    Total of 1 forms are submitted.					

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STATEMENT UND	ER 37 CFR 3.73(b)				
Applicant/Patent Owner: Joseph P. Errico; Mi	ichael W. Dudasik; Rafail Zubok				
Application No./Patent No.:	Filed/Issue Date: 9/16/2003				
Entitled: Intervertebral Spacer Device Having Simultaneously Eng	gageable Angled Perimeters for Manipulation Using a Surgical Tool				
	Limited Liability Company				
	ssignee, e.g., corporation, partnership, university, government agency, etc.)				
states that it is:					
1. X the assignee of the entire right, title, and interes					
2. an assignee of less than the entire right, title an The extent (by, percentage) of its ownership into	erest is%				
in the patent application/patent identified above by virt	ue of either:				
A. [X] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.					
OR					
B. [ ] A chain of title from the inventor(s), of the pater assignee as shown below:  1. From:					
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[ ] Additional documents in the chain of title are listed on a supplemental sheet.					
[ ] Copies of assignments or other documents in the c [NOTE: A separate copy (i.e., the original assignments)	hain of title are attached. ent document or a true copy of the original document) dance with 37 CFR Part 3, if the assignment is to be				
The undersigned (whose title is supplied below) is auth	orized to act on behalf of the assignee.				
9/16/2003	Joseph P. Errico,				
Date	Typed or printed name				
	Signature				
	CEO, SpineCore, Inc.				

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